

239229

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

APPLICATION FOR CLASS C CHARTER
CERTIFICATE AND CLASS C CHARTER
BUS CERTIFICATE FROM CK
CONSULTING, INC. DBA MYRTLE
BEACH TOUR AND TRAVEL

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2012 - 340 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: EMERY SHANNON KIRK

Telephone: (843) 457-1700

Address: 513 N. MYRTLE DR.

Fax:

SURESIDE BEACH SC 29575

Other:

Email: DKIRK913@GMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED

✓ PSC SC
MAIL / DMS

905

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 1/25/12

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

CK CONSULTING, INC. D/B/A MYRTLE BEACH TOUR AND TRAVEL

513 N. MYRTLE DR. SURFSIDE BEACH, S.C. 29575
Street Address of Applicant

POB 30233 MYRTLE BEACH SC 29588
Mailing Address of Applicant (if different from street address)

(843) 457-1700 N/A
Phone Fax

DKIRK513@GMAIL.COM
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

EMERY SHANNON KIRK (NO OTHER OFFICERS)

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

SEE ATTACHED FORM E

Name of Applicant

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____ Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with South Carolina Department of Motor Vehicles (herein after called Agency)
(Name of Agency)

This is to certify that the National Interstate Insurance Company
(Name of Company)
(herein after called Company) of 3250 Interstate Drive ,Richfield ,OH ,44286
(Home Address of Company)
(DBA) Myrtle Beach Tour & Travel

has issued to CK Consulting, Inc. of PO Box 30233 ,Myrtle Beach ,SC ,28588
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 09/20/2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 3250 Interstate Drive OH 44286 This 30th day of Aug 20 12
Richfield (Address) (Day) (Month) (Year)

Insurance Company File No. CAS 0138879-00
(Policy No)

Matt Bragg
(Authorized Company Representative)

Underlying Limit :0.00

Liability Limit :5,000,000.00

Exhibit Fit, Willing, and Able (FWA)

EMERY SHANNON KIRK

Name of Applicant

2266534

U.S.D.O.T No.

~~21~~ 773811-P

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes

☒ No

☐ Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

☐ Conditional

☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes

☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Emery Shouman Kirk
Applicant's Signature

PRESIDENT
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF HORRY)

SWORN TO BEFORE ME
This 8th day of FEB, 2012

Ellen Louise Causey
Notary Public

Commission Expires 2-8th CR 6-27-2013



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INITIAL ANNUAL REPORT OF CORPORATIONS

CL-1
(Rev. 7/94)
3134

File Number _____ ENDING PERIOD _____ Month _____ Year _____ SID number _____

FILE THIS RETURN WITH ARTICLES OF INCORPORATION OR APPLICATION FOR AUTHORITY TO DO BUSINESS.

| | | | |
|---|--------------------------------|--|-----------------|
| NAME OF CORPORATION CK Consulting, Inc. | | | |
| ADDRESS OF CORPORATION (NUMBER AND STREET) 513 Myrtle Drive North | | | |
| CITY AND STATE Surfside Beach | | ZIP SC 29575 | COUNTY Horry |
| Date "Application for Charter" filed with Secretary of State _____ | | | |
| Date of "Request for authority to do business in this state" (Foreign Corp.) n/a | | | |
| IRS Employer Identification Number Applied for _____ | | Business Code _____ (Office Use Only) | |
| 1. State of incorporation: South Carolina | | | |
| 2. Nature of principal business in South Carolina: General consulting and all things allowed by law | | | |
| 3. Location of registered office of the corporation in the state of South Carolina is 513 Myrtle Dr. N. in the city of Surfside Beach. Registered agent at such address is E. Shannon Kirk | | | |
| 4. Location of principal office in South Carolina (street, city and county): Same as Above | | | |
| 5. Date business commenced in South Carolina: Upon application Telephone # (843) 232-8114 | | | |
| 6. The corporation's books are in care of E. Shannon Kirk located at Same as above | | | |
| 7. Indicate date corporation closes its books: Calendar year | | | |
| 8. If a professional corporation are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation? N/A | | | |
| 9. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are: | | | |
| SSN | Name/Title | Business Address and Office | |
| 249-80-5955 | E. Shannon Kirk/ Sole Director | Same as Above | |
| | & President | | |
| | (Sole Officer) | | |
| 10. The total number of authorized shares of capital stock itemized by class and series, if any, within each class is as follows: | | | |
| Number of Shares | Class | Series | |
| 100,000 | Common | | |
| 11. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows: | | | |
| Number of Shares | Class | Series | |
| 1,000 | Common | | |
| 12. _____ Corporation is not subject to taxes in South Carolina and has registered to comply with the provisions of SC Code Section 12-9-310; attach justification. | | | |
| 1. Fee due with this report | | | |
| 2. Interest due | | | |
| 3. Penalty due | | | |
| 4. Total - Fee, Interest and Penalty | | | |
| (Make remittance payable to SC Department of Revenue.) | | | |
| 1. 25.00 | | | |
| 2. 00 | | | |
| 3. 00 | | | |
| 4. \$ 25.00 | | | |

AFFIDAVIT

I, the undersigned, principal officer of the corporation for which this return is made, declare that this return including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

THIS RETURN PREPARED BY _____

DATE _____

SIGNATURE OF OFFICER AUTHORIZED TO SIGN

Incorporator
TITLE

6. The name and address of each incorporator is as follows (only one is required):

| Name | Address | Signature |
|---------------------------------|---------------------------------|------------------------|
| <u>E. Shannon Kirk</u> | <u>513 Myrtle Drive North</u> | <u>E. Shannon Kirk</u> |
| <u>Surfside Beach, SC 29575</u> | <u>Surfside Beach, SC 29575</u> | |

Thomas B.

7. I, Jackson, III, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Date _____

Thom. B. Jackson, III
(Signature)

Thomas B. Jackson, III
(Type or Print Name)

Address 1331 Elmwood Avenue, Suite 300
Columbia, SC 29201

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. Schedule of Fees - payable at time of filing this document

| | |
|--|----------|
| Fee for filing Application - payable to Secretary of State | \$ 10.00 |
| Filing Tax - Payable to Secretary of State | 100.00 |
| Minimum License Fee - payable to SC Tax Commission | 25.00 |

4. THIS FORM MUST BE ACCOMPANIED BY THE FIRST REPORT OF CORPORATIONS (See §12-19-20), AND A CHECK IN THE AMOUNT OF \$25.00 PAYABLE TO THE SOUTH CAROLINA TAX COMMISSION.

Form Approved by South Carolina
Secretary of State 1/89

The State of South Carolina

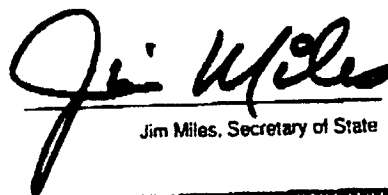


Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

CK CONSULTING, INC.,
a corporation duly organized under the laws of the State of South Carolina on January 15th, 1999, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of
the State of South Carolina this 15th day of
January, 1999.


Jim Miles, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual report with the Tax Commission. It is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

(IRS USE ONLY) 575A 571077627 02-04-1999 CKCO B 0716927578 SS-4

Please use the label IRS provided when filing tax documents and FTD coupons when making FTD payments. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

CK CONSULTING INC
513 MYRTLE DR N
SURFSIDE BEACH SC 29575

If this information isn't correct, please correct it using the bottom part of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 1-1999)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0716927578

Your Telephone Number _____ Best Time to Call _____ DATE OF THIS NOTICE: 02-04-1999
() EMPLOYER IDENTIFICATION NUMBER:
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

CK CONSULTING INC
513 MYRTLE DR N
SURFSIDE BEACH SC 29575